

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							
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42							
43							
44	9		9				
45	9		9				
46	1		1				
47	1		1				
48							
49							
50							
TOTAL IND.	3	TOTAL DEP.	3	TOTAL IND.		TOTAL DEP.	
TOTAL CLAIMS	40	TOTAL CLAIMS	44	TOTAL CLAIMS		TOTAL CLAIMS	